

INDIVIDUAL READINESS TRAINING (IRT) PRE-EXECUTION CHECKLIST		
(LAST, FIRST, MI) NAME:		RANK
		SSN:
UNIT:		MACOM/MSC:
COURSE TITLE: IRT		REPORT DATE:
EXPECTED DEPLOYMENT LOCATION:		
		Circle Answer
Identified for deployment (deployment order or memorandum)		Y N
Transportation requirements to/from IRT have been made?		Y N
Student and unit know IRT emergency contact telephone number? DSN: 474-2362 CIV: 09641-454-2362		Y N
Student has viewed IRT Web site? http://www.7arcom.army.mil/3747tb/irt.html		Y N
Valid ID Card and ID Tags		Y N
All required clothing/equipment IAW the IRT clothing/equipment packing list?		Y N
Student has protective mask and protective mask fitted/tested?		Y N
Student requires/has optical inserts?		Y N
Antiterrorism/Force Protection Level 1 On-Line Certificate on hand?		Y N
Student understands No Alcohol Policy during IRT course?		Y N
Student has assigned weapon and has qualified within the last 6 months?		Y N NA
Type weapon:		Date Qualified:
Does student have any physical/medical issues that would preclude or limit IRT? If yes list here: Y N		
Personnel with profiles must bring a copy with them.		
I have been counseled and have read all requirements applicable to the individual readiness training (IRT) that I am scheduled to attend.		
Student's Signature		Date
I certify that the information above for the student is accurate. The student has been counseled on pre-execution and IRT requirements. Unit training requirements, where applicable, have been completed.		
Commanding Officer(print/typed name)		Date
Commanding Officer Signature		
Unit POC List:		
1SG/Civilian Supervisor DSN: _____ HOME/CELL: _____		
CDR DSN: _____ HOME/CELL: _____		